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TB CARE I

Zimbabwe

**Year 1
Quarterly Report
April 2011 - June 2011**

July 29th, 2011

Quarterly Overview

Reporting Country	Zimbabwe
Lead Partner	The Union
Collaborating Partners	WHO, KNCV
Date Report Sent	Friday, July 29, 2011
From	{Dr. B. Nyathi - Country Director}
To	Dr Ruth Bulaya-Tembo
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	26%
4. PMDT	21%
5. TB/HIV	14%
6. Health Systems Strengthening	8%
7. M&E, OR and Surveillance	20%
Overall work plan completion	18%

Most Significant Achievements

HIGHLIGHTS

National level

Drug Resistance Survey

Preparations moved a major step forward when a consultant came in (17-24 June 2011) to conduct a writing workshop to polish up the survey protocol and agreement on a roadmap to the start of the survey, possibly late in the calendar year.

Review of the National TB programme

A National TB Control Programme review was conducted from 27 June to 8 July 2011. The previous review was carried out in 2005. A team of international consultants was selected and supported by local experts. The objectives of the review were:

To review the present policies, organizational structure, planning and financing;

To determine the current status of the implementation of TB and TB/HIV prevention, management and control services

To identify and document challenges, opportunities and lessons learnt during the implementation of the NTP

To make recommendations to the NTP on how to further improve the national TB programme

Successes and challenges were identified, and recommendations were made in the areas of DOTS TB/HIV DR TB M&E Infection Control Operations research, TB Medicines, ACSM, PPM DOTS, Community TB DOTS, and Program Management and Coordination. The final report has yet to be submitted.

Data use guidelines

A draft copy of data use guidelines has been developed and has been shared with other stakeholders before finalization.

Provincial level

Supportive supervision visits from Province to District were conducted by 3 provinces - Manicaland, Midlands and Masvingo . Routine TB data was analysed and discussed with the supported districts. Major recommendations made were aimed at improving case finding, case holding, strengthening TB/HIV collaboration and local use of data for decision making.

District level

Twelve training sessions were conducted in 3 Provinces with a total of 361 health workers trained on TB and TB/HIV management .

District teams from 3 provinces - Matabeleland South, Matabeleland North and Midlands provinces conducted 18 support supervision visits to peripheral health facilities. Major recommendations were aimed at improving case finding, improving sputum microscopy services, case holding, strengthening TB/HIV collaboration and local use of data for decision making .

Overall work plan implementation status

At 18% implementation level, the overall workplan status is behind schedule; however arrangements are now in place for accelerated implementation of the remaining activities. We are working towards minimum carry over into year 2.

Technical and administrative challenges

Administrative challenges

Competing programmes at provincial level

The TB programme is integrated into primary health care services at provincial and district levels. At these levels the Ministry of Health and Child Welfare workers have competing priority programmes such as malaria and HIV/AIDS and other public health as well as clinical services. The only health care workers dedicated to TB are the provincial and district coordinators.

Planning

Activities are frequently not properly planned at all levels of health care; as a result scheduled TBCARE activities are postponed in favour of what are considered more urgent activities.

Technical challenges

Inadequate planning , coordination and scheduling of activities by the NTP national level leads to overlap with agreed TB CARE-funded schedules.

Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	17	Not available
Number of MDR cases put on treatment	7	36

* January - December 2010 ** January - June 2011

Technical Area		1. Universal and Early Access					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
1.1	Increased TB case detection	Number of TB cases notified per 100,000 population	Numerator: Number of all TB notifications in the 5 demonstration provinces Denominator: Total population of the 5 demonstration provinces	340	370		The key activities that took place aimed at increasing case detection were: a). training in TB case management, b). provincial and district support supervision visits c). use of the TB suspect identification tool d). in synergy with the above has been the establishment of new sputum microscopy centres in the districts through funding from the Global Fund.	Lack of an official and clearly funded national system for sputum collection and transportation to laboratories. Piloting of a motor cycle sputum transport system will be conducted in 5 districts (one each of the demonstration provinces)
1.2	Intensified TB patient treatment, supervision and support	Proportion of new sputum smear positive TB patients cured.	Numerator: Number of new sputum smear positive TB patients cured Denominator: Number of new sputum smear positive TB patients notified in the 5 demonstration provinces	63 (WHO, 2008, no data for 2009)	66			Lack of a clear policy on the use of biosafety cabinets. As a result some laboratory personnel refuse to do the examinations where cabinets are not provided or serviced. Even though training has been taking place a large proportion of health workers have not yet been trained in TB management. The exact unmet need is being quantified.

Technical Area		4. PMDT					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result			
				Y1	Y1			
4.1	Magnitude of DR-TB in the country determined (baseline)	% of sputum positive PTB patients who have DR-TB	Numerator: number of sputum positive PTB patients who have DR-TB Denominator: total number of sputum positive PTB patients	TBD	TBD	Preparations for the DRS are in progress. The protocol is being finalized, with technical assistance from an external consultant	The slow pace of the preparation phase. There is still a funding gap for the actual survey exercise. Resource mobilisation, including possible additional funding from TB CARE year 2 is taking place.	
4.2	Functional national system for surveillance, diagnosis and treatment of DR TB patients in place	Proportion of notified TB cases tested for DR_TB	Number of notified new TB patients tested for DR TB Denominator: total number of TB cases notified.	Nil (WHO, 2008; No data for 2009)	TBD	Emphasis on MDR TB is ongoing during TB management training sessions.	PMDT guidelines not yet completed. Training materials are not yet developed	

Technical Area		5. TB/HIV					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result			
				Y1	Y1			
5.1	Strengthened clinical management of TB/HIV co infected patients	Percent of TB patients, co-infected with HIV who are started ART	Numerator: Number of HIV positive TB patients started on ART Denominator: Total number of HIV positive TB patients notified.	28% (WHO, 2008, no data for 2009)	50%	Ongoing training on management of TB/HIV co-infected patients.	Initiation of ART is done only by medical doctors and clinical officers, and these are in short supply The recording and reporting system captures the ARTaccess indicator at the time of TB cohort treatment outcomes, which is one year in retrospect. Knowledge and experience in the management of TB and HIV co-infected patients is inadequate. This will be partly remedied by the national TB/HIV course planned for 18-22 July 2011.	

5.2	Scaled up implementation of TB infection control in health care facilities	Proportion of provincial and district level health care facilities with a written infection control policy for TB that is consistent with national guidelines.	Numerator: Number of provincial and district level health care facilities with a written infection control policy for TB that is consistent with national guidelines. Denominator: Total number of provincial and district health care facilities evaluated	TBD	50%		No significant highlights	Plans have been made to carry out infection control trainings in August and September 2011
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Technical Area 6. Health Systems Strengtheni

Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
				Y1	Y1		
6.1 TB service delivery standards, norms or guidance developed	Number of TB CARE technical areas where standards, norms or guidelines have been developed	Number of TB CARE technical areas with standards, norms and guidelines out of 9 TA's	5	7		No significant highlights	Working with partners to expedite completion of IC and PMDT guidelines.

Technical Area		7. M&E, OR and Surveillance					Highlights of the Quarter	Challenges and Next Steps to Reach the Target
Expected Outcomes	Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1			
7.1	TB recording and reporting data utilised for TB control management decisions	Proportion of quarterly R&R reports that indicate clearly major actions arising from the quarterly data	Numerator: Number of district quarterly reports that indicate clearly major actions arising from the quarterly data Denominator: Total number of district quarterly reports evaluated	0%	50%		<p>A draft of local data use guidelines have been developed and circulated for contributions.</p> <p>Draft 2010 annual report was produced, but not yet finalised with NTP. The joint NTP evaluation was conducted at the end of June to Beginning of July.</p> <p>Province-to-District Support supervision approach improved by in-depth discussion of data prior to visit to the districts.</p> <p>NTP review has been conducted</p>	Little local use of data for management: TB CARE will in the next quarter support provinces in compiling quarterly reports using local TB data.
7.2	Evidence-based TB control interventions	Number of provinces with at least one operations research conducted	Numerator: number of provinces with at least one operations research conducted	0	2		No significant highlights	Orientation workshop planned for the next quarter

Quarterly Activity Plan Report

Outcome 1.1	1. Universal and Early Access	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
	Increased TB case detection				Month	Year	
1.1.1	Train trainers (TOT) in TB and TB/HIV management including child, TB in 5 provinces	The Union	23,621	 100%	May	2011	25 provincial trainers trained (5 per province). Three provinces had begun rolling out the trainings at district level. Total trained 20 Males and 5 Females
1.1.2	Train only health workers who have not yet benefited from previous training in TB and TB/HIV management and data use guidelines	The Union	372,281	 50%	Aug	2011	12 out of the planned 20 trainings have been conducted in three provinces so far with emphasis on case management, DOT and local use of data. Total trained is 362 (142 Males and 220 Females)
1.1.3	Provide transport system for sputum specimens in three cities(Harare, Bulawayo and Chitungwiza)	The Union	35,937	 25%	Sep	2011	Ongoing activity throughout the plan period
1.1.4	Introduce sputum transport system in 5 districts in the 5 provinces	The Union	56,775	 0%	Sep	2011	To be implemented in Q4
1.1.5	Provide emergency supplies of basic laboratory commodities to facilitate TB diagnosis	The Union	24,956	 0%	Sep	2011	To be implemented in Q4
1.1.6	Print TB management training materials	The Union	6,239	 50%	Aug	2011	360 training books were printed and distributed during the TB Management trainings
1.1.7	Conduct training on Paediatric TB	The Union	15,822	 25%	Dec	2011	Payment of course fees was done for the two candidates to attend International training in pediatric TB management in South Africa. The course itself will be held in November/December 2011.
1.1.8	Facilitate patient education and community awareness on TB and TB/HIV	The Union	8,423	 0%	Sep	2011	To be implemented in Q4
1.1.9	Promote best practices in TB case finding and case holding	The Union	5,615	 25%	Sep	2011	Model district in Midlands Province (Shurugwi) was identified, sensitised and received one support and supervision visit.
1.1.10	Visit provincial teams to introduce TB CARE	The Union	1,872	 50%	Sep	2011	The 5 demonstration provinces were visited and the TB CARE implementation plan for year 1 was introduced; baselines and implementation modalities were agreed upon. Implementation at provincial level is in progress.

1.1.11	Provide 2 computers for Union office use	The Union	2,496	 0%	Aug	2011	To be implemented in Q4
1.1.12	Assess accessibility of TB case finding activities to disabled persons	The Union		 0%	Sep	2011	To be implemented in Q4
Outcome 1.2	Intensified TB patient treatment, supervision and support	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
1.2.1	Support mobilization of community health workers to participate in community DOT and TB/HIV care work.	The Union	35,094	 0%	Sep	2011	To be implemented in Q4
1.2.2	Production of TB job aides for community health workers	The Union	3,743	 25%	Aug	2011	Working with NTP on the project
1.2.3	Provide incentives for community health workers involved in DOT and TB/HIV support work	The Union	6,239	 25%	Aug	2011	Design of T-shirts and sun hats in progress
1.2.4	Organise meetings for TB Coordinators to resolve case holding challenges	The Union	13,392	 0%	Aug	2011	To be implemented in Q4
1.2.5	Support provinces to conduct post training support supervision visits	The Union	23,209	 50%	Aug	2011	Three provinces (Manicaland, Midlands and Masvingo) have conducted supportive supervision visits to the districts. Routine TB data was analysed and discussed with the supported districts. Major recommendations made were aimed at improving case finding, case holding, strengthening TB/HIV collaboration and local use of data for decision making.
1.2.6	Support districts to conduct post training support supervision visits to peripheral health facilities	The Union	28,076	 50%	Aug	2011	District teams from 3 provinces - Matabeleland South, Matabeleland North and Midlands provinces conducted 18 support supervision visits to peripheral health facilities. Major recommendations were aimed at improving case finding, improving sputum microscopy services, case holding, strengthening TB/HIV collaboration and local use of data for decision making .
				 26%			

4. PMDT							
Outcome 4.1	Magnitude of DR-TB in the country determined (baseline)	Lead Partner	Approved Budget	Cumulative Completion	Planned Completion Month	Year	Cumulative Progress and Deliverables up-to-date
4.1.1	Provide a consultant during the TB Drug Resistance Survey (DRS) for the country	KNCV	57,096	 100%	Dec	2011	Draft DRS protocol developed and being finalised.
4.1.2	Local technical support during DRS	WHO	3,390	 25%	Dec	2011	A consultant was engaged in June 2011 to assist with the preparatory phase. According to the new roadmap, preparations are expected to end by November 2011.
Outcome 4.2	Functional national system for surveillance, diagnosis and treatment of DR TB patients in place	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
4.2.1	Provide consultant during the development of training materials for the programmatic management of DR TB	WHO	23,052	 0%	Oct	2011	
4.2.2	Review draft training materials	WHO	15,029	 0%	Nov	2011	
4.2.3	Pilot training materials	WHO	29,052	 0%	Nov	2011	
4.2.4	Finalise and print training materials	WHO	12,204	 0%	Feb	2012	
				 21%			

5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome 5.1	Strengthened clinical management of TB/HIV co infected patients				Month	Year	
5.1.1	Introduce TB/HIV integrated care in provincial hospitals of the 5 provinces	The Union	18,283	0%	Sep	2011	To be implemented in Q4
5.1.2	Facilitate visits to Integrated Health Care Facilities (Bulawayo and Mabvuku)	The Union	1,323	0%	Sep	2011	To be implemented in Q4
5.1.3	Develop TB/HIV fact sheets	The Union	6,271	0%	Aug	2011	To be implemented in Q4
5.1.4	Facilitate printing and distribution of the TB/HIV fact sheets	The Union	2,808	0%	Aug	2011	To be implemented in Q4
5.1.5	Conduct International TB/HIV course in Zimbabwe	The Union	51,990	0%	Jul	2011	To be implemented in Q4
5.1.6	International technical support	The Union	10,751	50%	Sep	2011	Technical support provided
Outcome 5.2	Scaled up implementation of TB infection control in health care facilities	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
5.2.1	Support infection control training and development of infection control plans	The Union	74,026	25%	Sep	2011	Draft Infection control training materials have been developed and await review by NTP
5.2.2	International training in advanced TB infection control	The Union	6,291	0%	Oct	2011	Application made to South Africa for one candidate
5.2.3	International technical support	The Union	11,283	50%	Sep	2011	Technical support provided
				14%			

6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome 6.1	TB service delivery standards, norms or guidance developed				Month	Year	
6.1.1	Facilitate International travel to The Union consultants meetings	The Union	13,726	0%	Sep	2011	To be implemented in Q4
6.1.2	Facilitate access to latest TB information	The Union	5,675	0%	Aug	2011	To be implemented in Q4
6.1.3	Facilitate external technical assistance for programme management	The Union	76,787	0%	Sep	2011	To be implemented in Q4
6.1.4	Facilitate development of Provincial TB Annual implementation plans for 2011	The Union	18,195	0%	Sep	2011	To be implemented in Q4

6.1.5	Support review of health worker preservice training curricula	KNCV	29,354	 0%	Sep	2011	KNCV's HRD expert consultant is currently negotiating the terms of reference of this technical assistance with the NTP.
6.1.6	Provide technical assistance for costing of the national strategic plan	The Union	6,271	 0%	Sep	2011	To be implemented in Q4
6.1.7	Revive the TB expert committee	The Union	3,918	 0%	Sep	2011	To be implemented in Q4
6.1.8	Strengthen communication with provinces	The Union	12,977	 25%	Aug	2011	No new installation of services but maintenance of the the existing services (Midlands Province and NTP) was done
6.1.9	Overall program technical oversight	The Union	146,799	 50%	Sep	2011	Services provided
				 8%			

7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcome 7.1	TB recording and reporting data utilised for TB control management decisions				Month	Year	
7.1.1	Facilitate stakeholders meeting to review draft data use guidelines and recording and reporting tools	The Union	7,911	25%	Aug	2011	Draft has been developed, awaits review by stakeholders
7.1.2	Printing of data use guidelines	The Union	13,227	0%	Sep	2011	To be implemented in Q4
7.1.3	Facilitate data analysis and report writing for performance review at national level	The Union	3,369	50%	Sep	2011	Draft 2010 Report done, it is being reviewed by NTP staff
7.1.4	Facilitate data verification and validation	The Union	15,753	0%	Sep	2011	To be implemented in Q4
7.1.5	Support districts to hold performance review meetings focusing on problem solving	The Union	212,925	0%	Sep	2011	To be implemented in Q4
7.1.6	Support Provinces to hold performance review meetings focusing on problem solving	The Union	118,291	0%	Sep	2011	To be implemented in Q4
7.1.7	Support annual national TB meeting	The Union	29,573	0%	Sep	2011	To be implemented in Q4
7.1.8	Facilitate printing of the recording and reporting tools	The Union	2,808	0%	Aug	2011	Assessing the need for additional amounts of stationery
7.1.9	Provide for joint evaluation of the National TB Program	WHO	66,512	80%	Sept	2011	Debriefing report submitted. Await full report.
7.1.10	Engage local stakeholders in reviewing the National TB Control Programme	WHO	12,068	100%	Sept	2011	Activity completed (attended by representatives of all 8 rural provinces, 3 main cities, NGOs and partners in addition to Ministry of Health staff), remaining funds will be utilized to finalize the NTP Review processes
Outcome 7.2	Evidence-based TB control interventions	Lead Partner	Approved Budget	Cumulative Completion	Month	Year	Cumulative Progress and Deliverables up-to-date
7.2.1	Health worker orientation on operations research and development of research agenda	The Union	9,889	0%	Aug	2011	To be implemented in Q4
7.2.2	Facilitate Continuing Medical Education (CME) in TB including presentation of research findings from local and international TB researchers	The Union	7,911	0%	Sep	2011	To be implemented in Q4
7.2.3	Support provinces to conduct operations research	The Union	19,029	0%	Sep	2011	To be implemented in Q4
				20%			

Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
				{Copy from the work plan}						

* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget
Mission	PMU	USAID		Activities from the Work Plan		
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Access	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Proposed New Activities		

* Detailed budget is attached

Quarterly Photos (as well as tables, charts and other relevant materials)



TB management training for Binga and Lupane Districts in Matabeleland Nort Province



Province to district support and supervision for Ciredzi distict in Masvingo Province